**Erasmus + Mobility**

**Student Application Form for traineeship**

**Academic year ………….**

All applications for exchange programmes must be made through

the Erasmus+ Coordinator in the sending institution

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name:** |  | **First name:** |  |
| **Date and place of birth:** |  | **Place of birth:** |  |
| **Citizenship:** |  | **Gender (F/M) :** |  |

**Sending institution**

|  |  |  |
| --- | --- | --- |
| **The name of sending institution:** | **Faculty:** | **The cycle of studies:**  |
| **AKADEMIA MUZYCZNA** **IM. GRAZYNY I KIEJSTUTA BACEWICZOW W LODZI****ERASMUS Code:** **PL LODZ04** | **Faculty of …….** | **The number of years required for this cycle of studies: …………….** |
| **Address:**ul. Gdanska 32, 90-716 Lodz,Polandtel. +48 426621615e-mail: international@amuz.lodz.pl | **Contact person:** | **Completed years at the time of traineeship:**  |
| **Permanent address of the applicant** |
| **Street:** |  | **Postal code & city:** |  |
| **c/o, apt. no. :** |  | **Phone no.:** |  |
| **Country:** |  | **E-mail:** |  |
| **Current address***, if different from permanent one* **(valid till…………….)**  |
| **Street No.** |  | **Postal code & city:** |  |
| **Apt. No:** |  | **Phone no.:** |  |
| **Country:** |  | **E-mail:** |  |
| **Person to contact in an emergency** |
| **Name:** |  | **Relation:** |  |
| **Address:** |  | **Country:** |  |
| **Postal code:** |  | **Phone no.:** |  |
| **City:** |  | **E-mail:** |  |

## Previous experience

|  |  |  |
| --- | --- | --- |
| **Previous practical training of relevance – kind of work:** | **from – to:** | **Name of institution / enterprise:** |
|  |  |  |
| **Previous stays abroad under Erasmus+ (studies and/or traineeship):**  | **Length of stay** **(in months):** | **The cycle of studies:** |
|  |  |  |

**Computer skills:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Programme:** | **Good** | **Fair** | **Weak** | **Type of training:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Language skills:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Language** | **Native** | **Fluent**  | **Good** | **Fair** | **Weak** | **Type of language training:** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Desired area of training:**

|  |
| --- |
| **Desired practical training and preferred sectors of activity:** |
|  |
| First possible starting date: | Duration of training – minimum 2 full months  |
|  |  |
| Host institution/enterprise: | Any other relevant information: |
|  |  |

I agree and assure that the information given in this application is correct and can be administered by the Academy of Music in Lodz and circulated to other institution / enterprises for the purpose of qualification for Erasmus+ traineeship.

**Date: .......................... Signature of the applicant: .............................................**

**APPROVED BY THE DEAN OF FACULTY**

**Name …………………………………… Signature…………………………………….**

**CONFIRMED BY THE ERASMUS+ CO-ORDINATOR**

**Name …………………………………… Signature…………………………………….**